



## **Serial Testing of all staff in Residential Care Facilities (Older People)**

July 28<sup>th</sup>, 2020 – Data up to 13:00 28/07/2020

### **Background**

The National Public Health Emergency Team (NPHE) requested a planned programme of serial testing of all staff in residential care facilities (RCFs) for older people. The programme commenced on June 24<sup>th</sup>, 2020 and the final day of testing was July 26<sup>th</sup>, 2020. This programme involved testing of all staff in RCFs for COVID-19 once a week, for four consecutive weeks. We tested 99,705 staff in 563 residential care facilities for older persons.

A process was developed to ensure that all staff from these facilities were appropriately referred, tested, tracked and traced. Each RCF was assigned a designated testing date each week (Wednesday to Sunday inclusive). Staff at the RCFs were either swabbed by trained staff at the facility or by Community Healthcare Organisation (CHO) or National Ambulance Service (NAS) personnel.

This paper outlines the programme delivered including outcomes and level of detected cases identified. It also presents some key findings and recommendations for consideration by NPHE. Appendix 1 presents a process map of the process followed for the programme, Appendix 2 maps the detected results by CHO and Appendix 3 presents detailed information on the detected cases identified as part of this programme.

### **Programme Overview**

This section presents an overview of the programme broken down by the key stages.

#### **Referral**

In line with Public Health protocols, clinical governance of all tests rests with the referring clinician who has responsibility for the healthcare workers test results. For this process where Occupational Health support was in place in a facility they acted as the referring physician. Where no Occupational Health support was available appropriate Department of Public Health physicians acted as the referring physician.

#### **Data Collection and Management**

Data quality is imperative to the successful delivery of any testing as it enables swift referral, testing and communication of results. A minimum dataset was captured for staff in all facilities at the outset of the programme. This included name, gender, DOB, role, mobile number and address of each staff member to be tested. The RCFs provided this data to a central administrative team provided by team members from the Primary Care Reimbursement Service (PCRS).

The Central Administration Team quality checked the data provided to ensure that the data was complete and consistent to enable the creation of a complete referral for testing. Issues



detected which included missing, incomplete and inconsistent data (e.g. invalid phone numbers) were resolved through contact and follow up with the RCFs. Issues arose where multiple partially completed files were submitted for facilities, often without any clear notation of where they were submitted from or where changes had been made. This led to large amounts of follow up with facilities to yield a complete and accurate dataset. The support team was in place for 4 weeks. Initially 30 WTEs were assigned but this rose to 60 WTEs for 1.5 weeks of the programme.

The dataset, once complete and accurate were loaded into the SwiftQueue system (the COVID-19 Testing appointment management system) to generate the referral for testing. Once data was loaded the CHO teams were able to produce documentation to support the testing process i.e. labels to identify those persons for testing used on referral forms and swab tubes along with other administration including packing listings to verify which persons were tested to accompany the samples from the RCF to the laboratory. Data was then reloaded for each round of testing.

To manage additional staff referred, address data quality issues and reduce the administrative support required an ICT solution was developed in Week 4 of the programme. This enabled duplication (or cloning) of data entered from the previous week.

A further ICT enhancement was implemented ahead of the final week of testing that provided the RCF with direct access to data from their own facility. This allowed the RCF the ability to validate and amend their own data, add additional staff members for testing or remove staff who no longer needed to be tested.

### Swabbing

All RCFs were requested to be swabbed by trained staff at the facility as part of this programme. Where this was not possible support was provided from our CHO teams and the National Ambulance Service. The below table presents the number of facilities where support was required each week. Training was provided by the National Ambulance Service (NAS) and CHO staff in facilities where required to enable peer swabbing in subsequent weeks. By week 5, 93% of facilities were undertaking peer swabbing.

*Table 1: Number of RCFs self-swabbing and requiring support tested each week.*

	Total facilities tested	Total NAS Supported	Total CHO Supported
Week 1	140	46	c.35
Week 2	465	138	c.30
Week 3	552	150	c.25
Week 4	549	81	c.25
Week 5	412	43	c.25



Swabs and associated administration were provided to RCFs approximately 48 hours in advance of swab collection to facilitate testing of staff at the RCF without significant disruption to staff schedules.

### **Logistics and Laboratory Testing**

The Laboratory Operations Group supported the serial testing programme through the provision of laboratory quality and logistics support. This included the monitoring of laboratory quality indicators, and the collection, allocation and delivery of samples to the national Covid-19 community laboratories.

An RCF sample collection schedule was developed and communicated to each facility at the outset of the programme; each facility was assigned an allocated collection time. The development of the schedule was an iterative process, liaising with CHOs and RCFs directly. The logistics team confirmed the collection time with each facility a day in advance of collection to ensure smooth operation of the collection schedule. Samples were delivered directly to the allocated laboratory on the same day as collection from the nursing home.

The bulk of laboratory testing was carried out by a designated community diagnostic lab. The lab operated 24 hours per day to meet the increase in demand and to achieve agreed turnaround time. 98% of all samples were resulted within 24 hours of arrival at the laboratory.

0.3% of samples taken were not tested due to pre-analytical non-conformances such as leaking swab tubes, errors in labelling or insufficient data received. The Laboratory Operations Group issued guidance to RCFs in relation to non-conformances and the importance of adhering to guidance in relation to collection, packaging and dispatch of samples.

### **Communication of Results**

All results were communicated by our standard result communication process supported by the Contact Tracing teams. This includes detected results receiving a phone call from the Contact Tracing teams and where required phone calls to gather information on close contacts. Not detected results were sent via text message.

In addition to the standard communication of results to individuals a process was also delivered where all results were provided to the Department of Public Health per facility tested. This was supported by the IIS team who gathered all results tagged to each RCF per Public Health Department. These results were stored in a secure location and access was provided to nominated individuals in each PH department. This ensured Public Health had visibility of all results per facility to enable the identification of any potential outbreaks. Where a detected result was identified a risk assessment was undertaken to determine the action required e.g. testing of residents.



Over the course of the serial testing programme 22 outbreaks were declared. There are ongoing investigations in 4 additional facilities and more potential outbreaks have to be finalised with local Public Health Departments.

### Costs

Significant costs have been incurred over the course of the serial testing programme. An overall estimate of costs incurred is €12.871m equating to c.€3.356m per week. These are broken down in the below table;

*Table 2: Overall Programme Costs.*

	Total €m	Est. per week	
Central Testing & Tracing Team Resources	€0.400m.	€0.110m	<i>Est. for central team, CHO &amp; PCRS support.</i>
Testing Kits	€0.997m	€0.256m	€10/kit
Laboratory Testing	€11.150m	€2.940m	
Logistics Programme	€0.107m	€0.025m	
NAS Support	€0.217m	€0.025m	<i>Est. based on level of support required</i>
<b>Total</b>	<b>€12.871m</b>	<b>€3.356m</b>	

### Programme Results Summary

The serial testing programme concluded testing in facilities on July 26<sup>th</sup> after five weekly testing cycles were delivered. The below table presents the number of facilities tested each week.

*Table 3: Number of Facilities tested each week.*

	No. of facilities tested
Week 1	140
Week 2	465
Week 3	552
Week 4	549
Week 5	412

Each week all staff in RCF's were requested to be tested. Overall 144,382 staff were referred and 99,707 tested. This represents 69% participation rate.



Of the 563 facilities where testing was completed 494 facilities had >80% of their referred staff tested at least once. The remaining 69 had an average of 70% of their staff tested at least once.

To date 99,705 test results have been received. A total of 132 tests have a 'SARS-CoV-2 detected' result.

- 75 (57%) of these cases were detected during their first cycle of testing.
- 33 (25%) cases were detected during individuals second cycle of testing, these 33 cases had a 'SARS-Cov-2 not detected' result during their first cycle of testing.
- 18 (14%) staff had a 'SARS-Cov-2 not detected' result in their first and second test and in cycle three received a 'SARS-CoV-2 detected' result.
- 6 (5%) staff had a 'SARS-Cov-2 not detected' result in their first, second and third test and in cycle four received a 'SARS-CoV-2 detected' result.

*Table 4: Results of serial testing of staff in RCFs, June 24<sup>th</sup> – July 28<sup>th</sup>, 2020*

Results Summary	June 24 <sup>th</sup> to date
Results received	99,705
Detected	132 (0.13%)
Not Detected	99,257 (99.6%)
Inhibitory	4 (0.004%)
Not tested	279 (0.3%)
Invalid	33 (0.03%)

A significant portion of the detected cases have been identified in the CHO9. Below shows the portion of detected cases by CHO.

*Table 5: Results of serial testing broken down by CHO*

CHO	Tested	Positive Cases Identified
CHO1	7,890	10 (0.1%)
CHO2	11,784	5 (0.04)
CHO3	8,136	7 (0.1%)
CHO4	16,853	14 (0.1%)
CHO5	13,495	3 (0.02%)
CHO6	9,771	13 (0.1%)



CHO7	8,590	14 (0.2%)
CHO8	10,849	16 (0.1%)
CHO9	12,337	50 (0.4%)
<b>Total</b>	<b>99,705</b>	<b>132</b>

### Close Contacts information

There was a total of 677 contacts identified from the 132 confirmed COVID-19 cases identified during serial testing. (Table 6) Of note, 5 cases identified more than 20 close contacts each.

*Table 6: Number of close contacts per case of COVID-19 identified in week one - four of the serial testing of staff in RCFs programme*

Number of Close Contacts	Number of Cases
0	4
1 – 3 Close Contacts	55
4 - 6 Close Contacts	30
< 10	9
10-20	8
> 20	5
Not provided	21
	132

### Feedback from Nursing Homes Ireland

Nursing Homes Ireland conducted a survey with members and non-members to seek feedback on the four-week serial testing process. A total of 191 responses were received and confirmed that 99% of respondents took part in the exercise. The 1% who confirmed they did not take part cited this was due to staff not willing to participate or were unwilling to provide their personal information.

The time taken to carry out swabbing and the administration work involved varied between nursing homes. NHI were advised that it took anywhere from 1 hour to 4 days depending on the nursing home. The majority of respondents found the documentation and guidance provided easy to follow. Little over half confirmed there were errors with the database but acknowledged in the survey that data issues were greatly improved once facilities had access to the Swift Queue system which enabled them to edit and amend individual



information as appropriate. Other issues that were cited include delays and confusion in first week, staff not willing to participate, resources being taken up both from a clinical and administrative perspective. Feedback also stated that issues included nurses not signed off as being capable of carrying out testing, staff not receiving results and not having backup support.

The survey results confirmed that 87% of respondents felt they received adequate/sufficient training. When asked if serial testing were to continue, 22% confirmed they would require further assistance with testing. It was noted that face to face or video training would be the preference. 71% of respondents stated that staff received their results in a timely manner. It was noted that only 57% advised they utilised the results helpline stating that some nursing homes were not aware there was a helpline available and others advised they contacted Public Health to get information.

When asked if serial testing were to continue, if they wished to undertake swabbing in the nursing home, 91% said they would. Reasons cited for not wanting to continue to undertake swabbing in their nursing homes included staff reluctance, time consuming, lack of capacity to undertake swabbing, stressful for staff doing the swabbing. There were 183 respondents who gave their thoughts on the continuation of the serial testing exercise. It was noted that the serial testing provided reassurance to staff, residents and their families. Although nursing homes did request clearer information in relation to the purpose of serial testing. Some questioned the rationale in light of the update in visiting guidance and also advised a preference to move to periodic testing.

The survey also asked if there were any recommendations on how to improve the serial testing process. Recommendations were provided from 173 respondents. One such recommendation noted that a clear Statement of Purpose for serial testing of staff should be communicated in light of the impact testing is having on staff. It was requested that testing kits be delivered at least 36 hours in advance and allow two days for testing before collections.

It was suggested that the person in charge of each facility receive an overall report weekly or when all staff have received their results. A dedicated helpline was suggested which would give HCW's their results over the phone if delayed and not just escalate the issue. A number of respondents also requested to change from weekly to biweekly or monthly testing and noted this would better suit the service. It was also noted that a change to a Monday – Friday testing regime would improve attendance. Some respondents cited to make testing mandatory.



## Key Considerations for Future Testing

If there is a requirement for future testing in RCFs we recommend that NPHET take the below into consideration;

*Table 7: Key Considerations for any future testing*

Testing Pathway Stage	Consideration
<b>Programme Initiation</b>	<p>Taking the scale, complexity and intensive resource requirement of the serial testing programme into account including the impact on RCFs there is a requirement for programme initiation time (at least 1 week) if continued testing is required to enable key improvements to the existing processes to improve its delivery for all stakeholders.</p> <p>These include;</p> <ul style="list-style-type: none"> <li>• Clear communication on the requirement for further testing to all RCFs.</li> <li>• Communication of the testing process and key changes to be implemented.</li> <li>• Provision of further training material including the creation of video training on the packaging of swabs and filling of forms to ensure all required data is collected and samples are packaged appropriately.</li> <li>• Set-up all remaining RCFs on the SwiftQueue system to enable management of staff data for testing including provision of training.</li> <li>• Modification of current SwiftQueue systems to tag serial testing ensuring all results can be reported correctly.</li> </ul>
<b>Cost of the Programme</b>	<p>As presented above serial testing costs c.€3.356m per week. Considering the low levels of detected cases identified the cost effectiveness of the programme should be considered. In addition, the 'opportunity cost' of diverting HSE and key Public Health staff resource to serial testing needs to be considered in terms of overall Population Health benefit of the programme.</p>
<b>Impacts on Resources</b>	<p>Significant pressure has been put on RCF, CHO, PH, HSE and other teams to deliver the serial testing programme at a considerable cost.</p> <p>If further testing is required a revised process will be applied where increased responsibilities on the individual facilities will be required. This will include validation of data, label printing and other administrative support.</p> <p>Additionally, where facilities do not have Occupational health</p>





	support this will be required in all facilities to manage the staff implications overall.
<b>Use of Laboratory Resources</b>	<p>Lab resources must also be considered - the high level of testing completed has a significant impact on resources including reagent. Consideration needs to be given as to whether this is the best use of this resource.</p> <p>Lab prioritisation also needs to be considered. As these are asymptomatic cases priority should be given to symptomatic cases in the lab testing.</p>
<b>Impact on other testing streams</b>	This programme was run at a time where testing in the community and other mass testing programmes were low. If there was an increase in the level of community or other mass testing required it may have impacts on other testing services.
<b>Frequency of Testing</b>	Consideration should be given to moving to monthly or fortnightly testing in facilities. This would ease the pressure on RCF staff and the impacts on other departments.
<b>Testing Timetable</b>	For additional testing a revised timetable is advised running on weekdays, thereby eliminating the extra burden on the RCFs and PH departments over weekends.
<b>Testing of those previously testing detected for COVID-19</b>	<p>Where individuals have previously received detected results for COVID-19 current advice is they are not required for testing for 12 weeks.</p> <p>Consideration should be given to extending these 12 weeks to longer to avoid detected results in these cases. A subgroup of the COVID Expert Advisory Group is now in place to provide guidance on this issue, but direction is required before any further testing can be completed.</p>
<b>Targeted Serial Testing</b>	<p>Consideration should be given to refinement of the existing programme to a more targeted approach. Where not detected results have been received repeatedly these RCFs could be excluded from the programme. Similarly, where clusters are identified testing could be scaled up.</p> <p>A detailed review of RCFs where outbreaks were declared is recommended as this may identify traits that make a specific type of RCF more vulnerable e.g. infrastructure, staff issues, client issues.</p>
<b>Reporting</b>	Reporting will be streamlined to an automated dashboard format. This dashboard will be updated automatically from the point at which the lab result is available.



## Conclusion & Recommendation

1. HSE recommends that if further serial testing is required a programme should be developed where testing is undertaken on a monthly basis for all facilities. For those CHOs where high levels of detected results have been received testing should be completed fortnightly. As presented in table 5, there are key areas where high levels of detected cases have been identified. A threshold of detected cases should be identified. If an area exceeds this threshold testing can be increased from monthly to fortnightly as required.
2. If necessary, HSE could commence a revised programme could commence on August 10<sup>th</sup> giving adequate time to improve the current testing processes including those changes outlined in table 7. This will include increasing the level of support required from staff in the RCFs, revised training materials to be developed and issued and a move to an automated dashboard for daily and weekly reporting.
3. Feedback and comments on this Serial Testing programme from NPHE are welcome. HSE await direction on any potential future testing required.



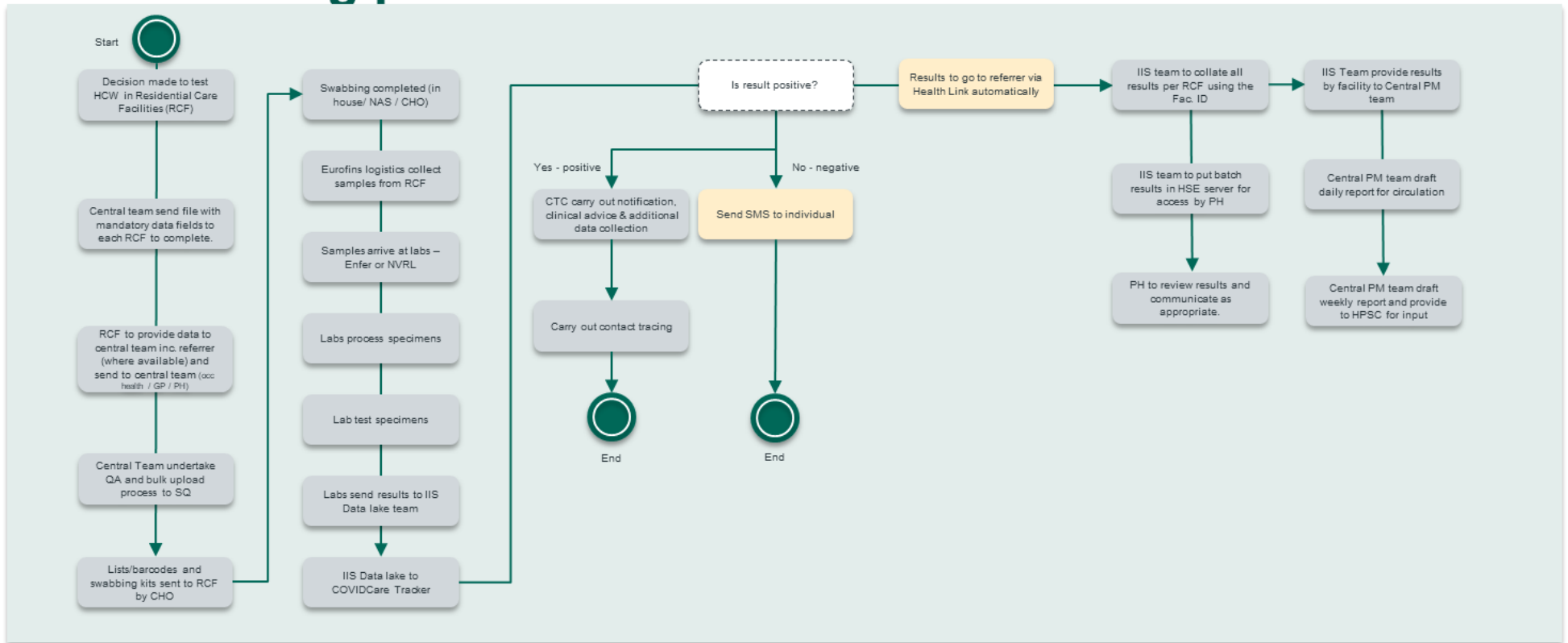
**Appendix 1**

The below map presents the process followed for the delivery of the Serial Testing Programme.

Figure 1: Serial testing Process map

HSE | Serial Testing Process RACI

# Serial testing process overview – As Is





## Appendix 2

Table 2.1 describes facilities where one confirmed case of COVID-19 has been identified during serial testing of staff and the location of these facilities.

*Table 2.1: Facilities with one confirmed case of COVID-19 by HSE area and CHO (n=34)*

Nursing Home Location	Nursing Home Name	Total Est. Staff in Facility (based on FTE)	Total Staff tested	Number Detected (%)	Date Result Reported
North West (CHO1)	Facility 1	34	114	1 (0.9%)	July 24 <sup>th</sup>
	Facility 2	43	38	1 (2.6%)	July 28 <sup>th</sup>
North East (CHO1)	Facility 1	64	57	1 (1.8%)	July 7 <sup>th</sup>
	Facility 2	42	33	1 (3%)	July 22 <sup>nd</sup>
West (CHO2)	Facility 1	34	33	1 (3%)	June 30 <sup>th</sup>
	Facility 2	45.5	42	1 (2.3%)	July 22 <sup>nd</sup>
	Facility 3	28	40	1 (2.5%)	July 25 <sup>th</sup>
	Facility 4	38	47	1 (2.1%)	July 25 <sup>th</sup>
	Facility 5	24	34	1 (2.9%)	July 26 <sup>th</sup>
Mid-West (CHO3)	Facility 1	30	41	1 (2.4%)	June 30 <sup>th</sup>
	Facility 2	57	56	1 (1.8%)	June 30 <sup>th</sup>
	Facility 3	18	19	1 (5.2%)	July 27 <sup>th</sup>
South (CHO4)	Facility 1	62	62	1 (1.6%)	July 7 <sup>th</sup>
	Facility 2	44	46	1 (2.2%)	July 12 <sup>th</sup>
	Facility 3	102	46	1 (2.2%)	July 25 <sup>th</sup>
	Facility 4	48	24	1 (4.1%)	July 25 <sup>th</sup>
South East (CHO 5)	Facility 1	15	26	1 (3.8%)	July 12 <sup>th</sup>
	Facility 2	67	33	1 (3%)	July 13 <sup>th</sup>
	Facility 3	unknown	18	1 (5.6%)	July 18 <sup>th</sup>
East (CHO6)	Facility 1	91	85	1 (1.2%)	July 15 <sup>th</sup>
	Facility 2	80	174	1 (0.6%)	July 18 <sup>th</sup>
	Facility 3	47	31	1 (3.2%)	July 22 <sup>nd</sup>
East (CHO 7)	Facility 1	86	50	1 (2%)	July 7 <sup>th</sup>
	Facility 2	66.01	38	1 (2.6%)	July 11 <sup>th</sup>
	Facility 3	24.5	97	1 (1%)	July 20 <sup>th</sup>
	Facility 4	36.5	4	1 (25%)	July 26 <sup>th</sup>
Midlands (CHO 8)	Facility 1	82	32	1 (3%)	July 7 <sup>th</sup>
	Facility 2	48	16	1 (6.3%)	July 22 <sup>nd</sup>
North East (CHO 8)	Facility 1	19.7	23	1 (4.3%)	July 11 <sup>th</sup>
	Facility 2	44	47	1 (2.1%)	July 18 <sup>th</sup>
	Facility 3	57	43	1 (2.3%)	July 20 <sup>th</sup>
	Facility 4	119	137	1 (0.7%)	July 28 <sup>th</sup>
East (CHO 9)	Facility 1	170	103	1 (1.0%)	June 28 <sup>th</sup>
	Facility 2	52	31	1 (3.2%)	July 26 <sup>th</sup>
<b>Total</b>				<b>34</b>	





Table 2.2 describes facilities where two or more confirmed COVID-19 cases have been identified during serial testing. The decision to declare an outbreak in these facilities is made at regional Departments of Public Health following a risk assessment.

*Table 2.2: Facilities with two or more confirmed COVID-19 cases by HSE area and CHO and number of SARS-CoV-2 cases detected (n=31)*

Nursing Home Location	Nursing Home Name	Total Est. Staff in Facility (based on FTE)	Total Staff tested	Number Detected (%)	Date Result Reported
North West (CHO1)	Facility 1	40	34	1 (2.9%)	July 4 <sup>th</sup>
			5	1 (20%)	July 7 <sup>th</sup>
North East (CHO 1)	Facility 1	92	78	2 (2.6%)	July 5 <sup>th</sup>
			54	1 (1.9%)	July 12 <sup>th</sup>
			64	1 (1.6%)	July 19 <sup>th</sup>
Mid West (CHO 3)	Facility 1	36.5	21	1 (4.8%)	July 1 <sup>st</sup>
			35	1 (2.6%)	July 22 <sup>nd</sup>
	Facility 2	34	12	1 (8.3%)	July 18 <sup>th</sup>
			36	1 (2.8%)	July 25 <sup>th</sup>
South (CHO 4)	Facility 1	98.3	112	3 (2.7%)	July 11 <sup>th</sup>
			87	1 (1.1%)	July 18 <sup>th</sup>
			98	2 (3.6%)	July 12 <sup>th</sup>
			54	1 (1.7%)	July 7 <sup>th</sup>
	Facility 3	54	58	1 (1.4%)	July 20 <sup>th</sup>
			7	1 (14%)	
	Facility 4	131	144	1 (0.7%)	July 17 <sup>th</sup>
			171	1 (0.6%)	July 25 <sup>th</sup>
East (CHO 6)	Facility 1	59.7	54	2 (3.7%)	July 11 <sup>th</sup>
			137	3 (2.2%)	July 11 <sup>th</sup>
			151	1 (0.7%)	July 26 <sup>th</sup>
			64	1 (1.4%)	July 4 <sup>th</sup>
	Facility 3	64	70	1 (1.4%)	July 4 <sup>th</sup>
			62	1 (1.6%)	July 25 <sup>th</sup>
	Facility 4	unknown	56	1 (1.8%)	July 19 <sup>th</sup>
			10	1 (10%)	July 26 <sup>th</sup>
East (CHO 7)	Facility 1	148	93	1 (1.1%)	July 4 <sup>th</sup>
			90	1 (1.1%)	July 11 <sup>th</sup>
			134	1 (1.6%)	July 4 <sup>th</sup>
			63	1 (1.6%)	July 11 <sup>th</sup>
			62	1 (1.6%)	July 11 <sup>th</sup>
	Facility 3	171	140	1 (0.7%)	July 5 <sup>th</sup>
			120	3 (2.5%)	July 12 <sup>th</sup>
	Facility 4	110	75	2 (2.7%)	July 12 <sup>th</sup>
			86	3 (3.5%)	July 11 <sup>th</sup>
	Facility 5	94.5	106	2 (1.9%)	July 18 <sup>th</sup>
Midlands (CHO8)	Facility 1	60.5	76	1 (1.3%)	July 2 <sup>nd</sup>
			76	1 (1.3%)	July 7 <sup>th</sup>
			74	1 (1.4%)	July 22 <sup>nd</sup>
North East (CHO 8)	Facility 1	87	50	3 (6%)	July 4 <sup>th</sup>
			37	1 (2.7%)	July 4 <sup>th</sup>
	Facility 2	58	43	3 (7.0%)	July 11 <sup>th</sup>
East (CHO9)	Facility 1	170	93	5 (5.4%)	June 26 <sup>th</sup>
			144	1 (0.7%)	July 4 <sup>th</sup>
			93	1 (1.0%)	July 10 <sup>th</sup>
			141	1 (0.7%)	July 17 <sup>th</sup>
			141	1 (0.7%)	July 25 <sup>th</sup>
	Facility 2	100	31	2 (6.4%)	June 26 <sup>th</sup>
Facility 3	114	100	1 (1.0%)	June 29 <sup>th</sup>	
		155	1 (0.6%)	July 5 <sup>th</sup>	
		105	1 (1.0%)	July 19 <sup>th</sup>	



Facility 4	185	68 43 81	1 (1.5%) 1 (2.3%) 1 (1.2%)	June 30 <sup>th</sup> July 6 <sup>th</sup> July 13 <sup>th</sup>
Facility 5	157	273 268 221	3 (1.1%) 2 (0.7%) 1 (0.6%) 2 (0.9%)	July 4 <sup>th</sup> July 10 <sup>th</sup> July 11 <sup>th</sup> July 18 <sup>th</sup>
Facility 6	84	58	3 (5.2%)	July 5 <sup>th</sup>
Facility 7	103	91 93	1 (1.1%) 1 (1.1%)	July 6 <sup>th</sup> July 13 <sup>th</sup>
Facility 8	104	112	4 (3.6%)	July 17 <sup>th</sup>
Facility 9	37	18 36	1 (5.6%) 1 (2.8%)	July 12 <sup>th</sup> July 19 <sup>th</sup>
Facility 10	114.5	128 69	2 (1.6%) 3 (4.3%)	July 11 <sup>th</sup> July 20 <sup>th</sup>
Facility 11	153	233 230	1 (0.4%) 1 (0.4%)	July 13 <sup>th</sup> July 28 <sup>th</sup>
<b>Total</b>			<b>98</b>	

*Note: the estimate staff numbers are based on full time employees and do not include agency staff.*

During the serial testing programme, it was noted that several staff identified as having a 'SARS-CoV-2 detected' result, had previously been a confirmed case earlier in the COVID-19 pandemic. A request has been sent to the COVID-19 Expert Advisory Group (EAG) for advice on interpretation of these results. They are currently included in the number of COVID-19 cases detected during the serial testing programme.



### Appendix 3

*Additional information on COVID-19 cases identified on serial testing of staff in RCFs. A descriptive report on all staff cases identified during the serial testing programme will be available on completion of the programme.*

For the 132 positive cases additional information has been captured and is presented below;

Gender	Number	%
Female	88	67
Male	44	33
Total	132	100

*Table 3.1: Breakdown of positive cases by gender*

Age	Number	%
15-24	12	9
25-34	42	32
35-44	30	23
45-54	34	26
55-64	13	10
65-74	1	1
Total	132	100

*Table 3.2: Breakdown of positive cases by Age*

Type of Staff	Number	%
Healthcare Assistant	50	38
Nurse	24	18
Admin/Clerical Worker	2	2
Catering/Kitchen Worker	7	5
Physiotherapist	2	2
Porter	3	2
Unknown	33	25
Other	11	8
Total	132	100

*Table 3.3: Breakdown of positive cases by Type of staff*

Ethnicity	Number	%
Black African	8	6
Black other	1	1
Indian subcontinent	21	16
White	55	42
Roma	2	2
Other	11	8
Mixed background	2	2
Unknown	32	24
Total	132	100

*Table 3.4: Breakdown of positive cases by Ethnicity*





page Symptomatic?	Number	%	Symptoms Presented
Symptomatic	19	14	7 with aches and pains, 7 with cough, 3 with fever, 5 with diarrhoea, 10 with headaches, 3 loss of smell & 4 with loss of taste, 4 with rhinorrhoea, 6 sore throats, 11 with tiredness & 4 with other symptoms including back pain, dizziness & anorexia.
Not Symptomatic	89	67	
Unknown	24	18	
Total	132	100	

Table 3.5: Breakdown of positive cases by Symptomatic or not

Likely Transmission Source	Number	%
Healthcare Setting Acquired	68	52
Community	40	30
Close contact of confirmed case	3	2
Unknown	21	16
Total	132	100

Table 3.6: Breakdown of positive cases by Likely Transmission Type

Use of PPE	Number	%
<i>Eye Protection</i>		
Always	19	14
Infrequently	10	8
Never	8	6
Often	4	3
Unknown	91	69
	132	100
<i>Mask</i>		
Always	22	17
Infrequently	4	3
Never	11	8
Often	1	1
Unknown	94	71
	132	100
<i>Gloves</i>		
Always	37	28
Infrequently	2	2
Never	1	1
Often	1	1
Unknown	91	69
	132	100
<i>Gown</i>		
Always	26	20
Infrequently	5	4



Never	5	4
Often	5	4
Unknown	91	69
	132	100
<i>Surgical Mask</i>		
Always	40	30
Infrequently	1	1
Never	0	0
Often	2	2
Unknown	89	67
	132	100

*Table 3.7: Breakdown of positive cases by use of PPE*